



# Three Gaits, Inc.

Therapeutic Horsemanship Center

MAILING ADDRESS:  
P.O. Box 153  
Oregon, WI 53575  
Office: (608) 877-9086  
www.3gaits.org

PHYSICAL ADDRESS:  
3741 Hwy. 138 W  
Stoughton, WI 53589  
Fax: (608) 873-1929  
3gaits@3gaits.org

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## **Prescription Request**

RE:

DOB:

Dear Dr.

The purpose of this letter is to obtain a prescription so that we may perform a Physical and/or Occupational Therapy evaluation of your patient and provide direct therapy services if needed. This request is being made with parental or patient approval as a piece of their participation at Three Gaits, Inc.

Please sign, date, and return to Three Gaits, Inc. at P.O. Box 153, Oregon, WI 53575 or fax to (608) 873-1929. If you have any questions or comments, please contact us at (608) 877-9086. Thank you for your prompt reply.

Sincerely,

Dena Duncan  
Executive Director

(Please return both top and bottom portion of this form.)

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## **Physician Prescription for Three Gaits, Inc.**

RE:

DOB:

Check both if applicable: \_\_\_\_\_Occupational Therapy \_\_\_\_\_Physical Therapy

Services to include: \_\_\_\_\_Evaluation \_\_\_\_\_Therapy Services as needed

Specific Concerns/Other Relevant Information:\_\_\_\_\_

\_\_\_\_\_

Referring M.D. \_\_\_\_\_ Date: \_\_\_\_\_